Medical and social aspects of sexual assault of males: a survey of 100 victims

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SUMMARY. Sexual assault of males is an infrequently reported and a poorly understood phenomenon. Details of 100 victims who sought assistance from a nationwide agency set up specifically to provide help for such individuals are reported here. Twenty eight victims were aged 16 years or over at the time of assault. The assailants were known by 72 of the victims and were perceived by the victim to have a heterosexual orientation in 72% of these cases. Attacks were often multiple and in 33 cases involved disruption of skin or mucous membranes. Twenty victims received threats about the possibility of transmission of the human immunodeficiency virus and 17 victims sought medical advice following the assault, most commonly from their general practitioner. It is suggested that greater opportunities for medical and psychological support should be given to male victims of sexual assault.

Introduction

IN the United Kingdom it has been estimated that only 20–25% of cases of sexual assault of women are reported.[1] Fear of being labelled a homosexual[2] or of not fulfilling society's concept of a 'real man'[3] may make male victims of sexual assault even less likely to present than their female counterparts. In addition, it has been shown[2] that even if male victims do come forward for help with the sequelae of an attack they are less likely to disclose the fact that a sexual assault has occurred than female victims. Changes in public attitudes and the provision of specific services can, however, lead to an increase in the number of male victims coming forward for help.[2] Data from the United States of America[4] suggest that, when such provisions exist, 5.3–22.7% of victims presenting to sexual assault services are male.

The rate of occurrence of sexual assault of males in the UK is particularly difficult to determine as the legal term 'rape' specifically mentions forcible vaginal penetration, and forcible sexual assault of a male is not recognized as a distinct entity within the 1976 sexual offences (amendment) act.[5] Thus, in an attempt to assess the nature of sexual assault of males in the UK the volunteer-run service, Survivors, was contacted. In addition to dealing with self-presentations, a variety of government and charitable agencies refer males whom they suspect are victims of sexual assault to this service. It is the only organization in the UK that provides nationwide care for such victims and it currently receives approximately 100 calls per month.

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Submitted: 4 May 1990; accepted: 26 June 1990.

Method

The records of male victims of sexual assault who were counselled by Survivors during the period October 1987 to December 1988, were examined. The victims had either contacted the Survivors' helpline directly, or had been referred by a variety of government and charitable agencies. The 100 records containing most information were chosen for retrospective analysis. Information from the victim's counsellor was also sought. Where possible, details of the victim, the assailant, the nature of the attack and the help sought by the victim were recorded, but only if the information was volunteered as part of the counselling sessions.

Results

The mean age of the victims at the time of the first sexual assault was 14.5 years (range three to 43 years) (Table 1), although the mean age at presentation was 25.3 years (range five to 61 years). The geographical distribution of the sites where the assaults took place is also shown in Table 1; 62% of the assaults occurred in London and the south of England.

The victims' perceived sexual orientation after the attack was little different from that before the event. Before the attack 14 of the 37 victims for whom data were available regarded

Table 1. Age of victim at time of first sexual assault and geographical distribution of assaults.

	Number of victims ($n = 100$)
Age at first assault (years)	
0–3	1
4–7	9
8–11	14
12–15	45
16–19	16
20–23	4
24–27	4
28	2
38	1
43	1
Unknown	3
Area in which assault took place	
London	33
South west England	16
South east England	13
Midlands	9
North England	12
Wales	8
Scotland	7
Outside the UK	1
Not disclosed by victim	1

n = total number of victims.

themselves as heterosexual (38%), 19 as homosexual (51%) and four as bisexual (11%), while after the attack 22 of 57 victims (39%) regarded themselves as heterosexual, 24 as homosexual (42%) and 11 as bisexual (19%). In 72 cases the victim knew the assailant; most commonly a family member (28 cases). Where the assailant was known to the victim, the perceived sexual orientation of the assailants were reported by the victim to be heterosexual in 50 out of 69 cases (72%), homosexual in 11 (16%) and bisexual in eight (12%).

Seventy five victims had been assaulted on more than one occasion and 43 reports cited multiple assailants. In 15 cases the assailants included women, most commonly in combination with men (12 cases). Assault was most likely to occur in the home of either the victim (32 reports) or the assailant (47 reports). Among the 82 assaults where the timing was known 68% took place after midday. Of 62 assaults where the day of the week was known 66% took place during the weekend.

In 61 of the 100 cases the victim was assaulted in more than one manner. The types of abuse are shown in Table 2. The victims reported that the assailants ejaculated in 88 cases, as did 53 of the victims. In 33 instances the victim reported sustaining skin or mucosal damage. Twenty victims were threatened with human immunodeficiency virus (HIV) infection by the assailants and 51 victims felt that their life had been endangered.

Table 2. Types of abuse reported by victims.

	Number of victims ($n = 100$)
Receptive anal intercourse	75
Insertive anal intercourse	15
Receptive oral intercourse	59
Insertive oral intercourse	43
Masturbation by assailant	55
Victim forced to masturbate assailant	65
Victim instrumented	33
Assailant instrumented	9
Forced vaginal intercourse	10
Scatological abuse	4
Other[a]	2

n = total number of victims. [a]Includes assailants urinating on victim, bestiality, flagellation, sadomasochism and satanic abuse.

Twelve victims reported their assault to the police, but only two of these victims felt that they received adequate help from this source. Assailants were taken to court in five cases, and two successful prosecutions were obtained.

Medical advice was sought by 17 of the victims — 10 visited a general practitioner, five a sexually transmitted diseases clinic, one a police surgeon and one a hospital accident and emergency department. Twelve of the individuals seeking advice revealed to the medical staff that they had been attacked. The victims were more likely to reveal details to their general practitioner (eight of the 10) than at a sexually transmitted diseases clinic (two of the five). Sexually transmitted diseases, which the victims felt were attributable to the attack, were found in 12 of the 17 victims seeking medical advice. Three victims had dual conditions, namely non-gonococcal urethritis and non-specific proctitis, non-gonococcal urethritis and pediculosis, and non-specific proctitis and pediculosis. Five had non-gonococcal urethritis only, one had non-specific proctitis, one pediculosis, one primary genital herpes and one scabies. Ten victims had HIV tests after the attack. One victim, a practising homosexual, had the HIV test six weeks after the attack and the result was positive, while the other nine had negative test results.

Discussion

There have been several reports from the USA[6-10] of sexual abuse of males but only one from the UK, reporting on 22 victims.[5] This study provides data on the largest series of non-incarcerated male victims of sexual assault. By gaining access to information on the victims via an agency such as Survivors, we have sought to reduce the sampling bias which in the past has resulted in only those cases with the most severe physical or psychological sequelae being reported. Clearly the information provided is dependent upon the reporting behaviour of the alleged victims, but by selecting those victims with the best documented records, we have tried to reduce this to a minimum.

Sexual assault of the males in this sample occurred most commonly between the ages of 12 and 15 years with a mean of 14.5 years. This is younger than reported in other series, where the mean ages of victims were 26.3,[5] 19.3,[6] 17.5[7] and 16.6 years,[8] presumably reflecting the fact that, although those who presented for help with problems associated with sexual abuse were adults, they were frequently assaulted when much younger. Twenty eight of the victims in this study were 16 years of age or over at the time of assault, and only 12 were aged 20 years or over.

Sexual assault of both men and women is now recognized to represent an assertion of power or aggression in many cases, rather than an expression of sexual need.[7] This concept has been used to explain why assailants tend to choose more vulnerable targets, such as those in younger age groups, and individuals who would not necessarily be considered as sexually desirable by the assailant.[11] It has been observed[12] that assailants rarely characterize their action as homosexual and the apparently high proportion of assailants thought to be heterosexual by the victims in this series supports this view. The observation that nearly two fifths of the victims perceive themselves to be heterosexual is consistent with the findings of smaller studies,[5-7] but is contrary to public perception.[11]

It is interesting to note that in 15 cases the assailants included women, usually in combination with men. This may be a reflection of the need to intimidate the victim physically, and is at variance with the public perception of the male as the sole sexual aggressor. The sexual assault of males frequently involves multiple assailants[2,6] and this differs from the sexual assault of women, where single assailants are common and may mean that men are less easily intimidated by sole aggressors than women.

Penetrative anal intercourse by the assailant was the most common mode of sexual assault in this study, as has been found by others.[6-8] The assailant may gain a sense of power if the victim ejaculates[7] but this ejaculation may be especially difficult for heterosexual victims to come to terms with after the event. The observation that 33 victims sustained skin or mucosal damage is similar to the proportion reported by others, but greater than that noted when the victim is female.[2]

The police were thought by the victims to be helpful in only two of the 12 cases in which they were involved, emphasizing the fear that is frequently expressed by victims of a hostile reception from such agencies.[13] The fact that only two successful prosecutions were obtained in the 100 cases highlights the significant under-reporting of events.

The incidence of sexually transmitted diseases in male victims of sexual assault has not been assessed previously.[14] The finding that 12 of the 17 victims seeking medical advice in this study had infections that were thought by the victims to be attributable to the assault is clearly a worrying feature. Perhaps more worrying is the possibility of HIV infection which was used as a threat by the assailant in 20 cases. The fact that a large proportion of the victims were subjected to receptive anal intercourse on multiple occasions, frequently by several assailants, and that they often suffered skin or mucosal damage, suggests

that such occurrences may provide a route for the spread of HIV in the community.[15]

In the current social climate where females are regarded as the primary victims of sexual assault, rape crisis centres in the UK may lack the skills or be unwilling to deal with male victims. Recent work[16] has highlighted the considerable demands made on the health care services by individuals sexually abused as children. General practitioners are particularly well placed to detect such histories. The data presented here suggest that general practitioners are the most likely health care professionals to be approached by male victims of sexual assault and that victims will more often disclose the actual occurrence of the attack to them than to staff at a sexually transmitted diseases clinic. A high level of suspicion, combined with an openness to accept the possibility of sexual assault may help overcome the victim's reluctance to admit to his concerns.

Considerable changes in our approach to the management of sexual abuse of women and children have occurred in the past two decades. We believe[15] that the level of awareness of male sexual assault must also be raised to encourage victims to come forward. Only when the problems of male sexual assault are addressed openly can we develop the appropriate knowledge and skills to help these victims.

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